

Fax A/R

Fax to: _____

Product Description		Unit Size	Directions	Refills
<input type="checkbox"/>	Adapalene Gel, 0.3%	45g	Sig: Apply 1 to 3 pea sized amounts to complete face/back/chest nightly (circle all affected areas)	3 6 12 _____
<input type="checkbox"/>	Adapalene 0.1%/ Benzoyl Peroxide 2.5% Gel	45g	Sig: Apply a pea sized amount to affected area(s) once daily after washing	3 6 12 _____
<input type="checkbox"/>	BenzePrO Foaming Cloths, 6%	30ct	Sig: Wash affected area(s) – (choose one) <input type="radio"/> once daily <input type="radio"/> twice daily	3 6 12 _____
		60ct		
<input type="checkbox"/>	Clindamycin 1.2%/ Benzoyl Peroxide 5% Gel	45g	Sig: Apply thin layer to affected area(s) once daily in the evening	3 6 12 _____
<input type="checkbox"/>	Doxycycline Hyclate Immediate Release, USP Tablets – 75mg	30ct	Sig: Take 1 tablet by mouth once daily	3 6 12 _____
		60ct	Sig: Take 1 tablet by mouth twice a day	
<input type="checkbox"/>	Doxycycline Hyclate Immediate Release, USP Tablets – 150mg	30ct	Sig: Take 1 tablet by mouth once daily	3 6 12 _____
		60ct	Sig: Take 1 tablet by mouth twice a day	
<input type="checkbox"/>	Doxycycline Monohydrate Capsules USP – 75mg	30ct	Sig: Take 1 capsule by mouth once daily	3 6 12 _____
		60ct	Sig: Take 1 capsule by mouth twice a day	
<input type="checkbox"/>	HPR Plus Cream	450g	Sig: Apply to affected area(s) 1 to 3 times daily (Up to 15gm/day)	3 6 12 _____
<input type="checkbox"/>	HPR Plus Emollient Foam	150g	Sig: Apply to affected areas of both arms/legs/trunk/back/face (circle all affected areas) – (choose one) <input type="radio"/> once daily <input type="radio"/> twice daily ____150 x 1 ____150 x 2 ____150 x 3	3 6 12 _____
<input type="checkbox"/>	HPR Plus Hydrogel Kit	1 Kit	Sig: Apply thin layer of Hydrogel to affected area(s) daily	3 6 12 _____
<input type="checkbox"/>	Metronidazole Gel USP, 1%	60g	Sig: Apply up to 2 to 4 pea sized amounts once daily to affected area of face/chest/ scalp/ears (circle all affected areas)	3 6 12 _____
<input type="checkbox"/>	Minocycline Hydrochloride Extended Release Tablet – 45mg	30ct	Sig: Take one tablet by mouth once daily	3 6 12 _____
<input type="checkbox"/>	Minocycline Hydrochloride Extended Release Tablet – 90mg	30ct	Sig: Take one tablet by mouth once daily	3 6 12 _____
<input type="checkbox"/>	Minocycline Hydrochloride Extended Release Tablet – 135mg	30ct	Sig: Take one tablet by mouth once daily	3 6 12 _____
<input type="checkbox"/>	SulfaCleanse 8/4%	16oz	Sig: Wash affected area(s) face/back/chest (circle all affected areas) – (choose one) <input type="radio"/> once daily <input type="radio"/> twice daily	3 6 12 _____
<input type="checkbox"/>	Tazarotene Cream, 0.1%	60g	Sig: Apply up to 2 pea sized amounts nightly to the skin where lesions appear. Skin should be dry prior to applying.	3 6 12 _____
<input type="checkbox"/>				3 6 12 _____

Ohio Prescribers: Please send one fax form for each product prescribed.

Patient Information:

Name _____ Cell Phone _____ Home Phone _____

Address _____ Sex M F Date of Birth _____

Does the patient have a drug allergy? No Yes If YES, please list _____

Prescriber Information: (Licensed Prescriber Signature Required to Validate Rx)

Name _____ Office Phone _____ Office Fax _____

Office Address _____ NPI# _____

License Number _____ # of Prescriptions _____

Dispense as Written _____ Date _____ Product Substitution Permitted _____ Date _____